

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403040232

Date Received:

05/05/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10705

Name of Operator: EVERGREEN NATURAL RESOURCES LLC

Address: 1875 LAWRENCE ST STE 1150

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Distribution, Evergreen

719-846-7898

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106039

Inspection Date: 04/12/2022

FIR Submit Date: 04/12/2022

FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC

Company Number: 10705

Address: 1875 LAWRENCE ST STE 1150

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 308495

Location Name: MASTERS-632S67W Number: 32NWSE County: LAS ANIMAS

Qtrqtr: NWSE Sec: 32 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.211740 Longitude: -104.909260

FACILITY - API Number: 05-071- -00 Facility ID: 272945

Facility Name: MASTERS Number: 33-32

Qtrqtr: NWSE Sec: 32 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.211740 Longitude: -104.909260

CORRECTIVE ACTIONS:

1 ☒ CA# 160977

Corrective Action: Comply with general provisions of the oil and gas act for wildlife protection AND SB-181. (REPAIR LEAK TO PREVENT REOCCURENCE). IMMEDIATE ACTION IS REQUIRED.

Date: _____

Response: CA COMPLETED

Date of Completion: 04/26/2022

Operator Comment: Complied with Rule 1002.f.(2)B, Complied with general provisions of the oil and gas act for wildlife protection and SB-181.

COGCC Decision: Approved via an AMI

COGCC Representative: THESE ARE GOOD PHOTOS

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Susan Wolfram

Signed: _____

Title: Sr. Safety Coordinator

Date: 5/5/2022 6:21:09 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403040232	FIR RESOLUTION SUBMITTED
403040233	Masters 33-32

Total Attach: 2 Files